

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2517

395

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. LENGTH OF STAY (In this city) 1-13-51		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		2137	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital				d. STREET ADDRESS (If rural, give location) 5800 Arsenal St.			
3. NAME OF DECEASED (Type or Print) George		a. (First) George		b. (Middle) J		c. (Last) Fisher	
4. DATE OF DEATH (Month) (Day) (Year) January 13, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 4 1880		9. AGE (In years last birthday) 70		10. MONTHS 70		11. DAYS 70	
12. HOURS 70		13. MIN. 70		14. BIRTHPLACE (State or foreign country) Missouri		15. CITIZEN OF WHAT COUNTRY? U.S.	
16. FATHER'S NAME William Fisher		17. MOTHER'S MAIDEN NAME Mary Redman		18. NAME OF HUSBAND OR WIFE Mrs Adele Fisher			
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		20. SOCIAL SECURITY NO. 497-01-9616		21. INFORMANT'S SIGNATURE OR NAME City Infirmary Records			
22. ADDRESS 5800 Arsenal St.		23. MEDICAL CERTIFICATION		24. INTERVAL BETWEEN ONSET AND DEATH			
25. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis				26. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with brain and cardiac components DUE TO (c) 1950 plus	
27. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		28. DATE OF OPERATION Nov. 16 1951				29. MAJOR FINDINGS OF OPERATION	
30. DATE OF OPERATION Nov. 16 1951		31. MAJOR FINDINGS OF OPERATION		32. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
33. ACCIDENT, SUICIDE, HOMICIDE (Specify)		34. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		35. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		36. HOW DID INJURY OCCUR? 4500	
37. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		38. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		39. I hereby certify that I attended the deceased from Nov. 16 1951 , to January 13, 1951 , that I last saw the deceased alive on January 13, 1951 , and that death occurred at 8:20 P.m. , from the causes and on the date stated above.			
40. SIGNATURE (Degree or title) Palmer Duane Bowlish M.D.		41. ADDRESS City Infirmary		42. DATE SIGNED 1/13/51			
43. BURIAL, CREMATION, REMOVAL (Specify) Burial		44. DATE 1/17/50		45. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		46. LOCATION (City, town, or county) (State) St Louis Missouri	
47. DATE REC'D BY LOCAL REG. JAN 15 1951		48. REGISTRAR'S SIGNATURE J.B. Sasser		49. FUNERAL DIRECTOR'S SIGNATURE Moylell Funeral Home			
50. ADDRESS 1926 Allen Av							

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed, by me, or by me

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4533

P. O. Address Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.